

## PATENT Attorney Docket No. 12971US04

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application o	DΤ	
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Grant L. Schoenhard

Serial No.: 10/000,113

Filing Date: October 30, 2001

For: Inhibitors of ABC Drug Transporters at

the Blood-Brain Barrier

Examiner: Vickie Y. Kim

Group Art Unit No.: 1618

Confirmation No.: 8969

Customer No.: 23446

EXPRESS MAIL NO. EV 639809373 US

DATE OF MAILING: August 8, 2005

## TRANSMITTAL LETTER

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for appropriate action are the following:

- 1. Fee Transmittal;
- 2. Request for Continued Examination;
- 3. Information Disclosure Statement, including Form PTO/SB/08A and one cited reference; and
- 4. One return postcard.

The Commissioner is hereby authorized to charge any additional fees which may be required to Deposit Account No. 13-0017 in the name of McAndrews, Held & Malloy, Ltd.

Respectfully submitted

Date: August 8, 2005

Michael B. Harlin

Registration No. 43,658

McAndrews, Held & Malloy, Ltd. 500 West Madison Street, 34<sup>th</sup> Floor

Chicago, Illinois 60661 Telephone: (312) 775-8000 Facsimile: (312) 775-8100 PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effect	Complete if Known									
Fees pursuant to the consoli	dated Appropri	ates Act. 2005 (I		Application Number	10/000,113					
FEETR	ANSI	IIIIAL	•	Filing Date	October 30,	2001				
for	First Named Inventor	Grant L. Schoenhard								
			[	Examiner Name	Vickie Y. Kim	1				
Applicant claims sm	all entity statu	s. See 37 CFI	R 1.27	Art Unit	1618					
TOTAL AMOUNT OF PA	YMENT (\$)	395.00		Attorney Docket No.	12971US04					
METHOD OF PAYMENT (chec	k all that apply)									
Check Credit	Card 🔲 Mo	oney Order	None	Other (please	identify):					
Deposit Account	Deposit Accour	nt Number: <u>13-</u>	0017	Deposit Account	Name: McA	ndrews h	leid & M	alloy		
For the above-identi	fied deposit ac	count, the Dire	ctor is here	eby authorized to (ch	eck all that a	pply)				
Charge Fee(s	) indicated belo	ow		Charge Fee	e(s) indicated	l below, e	except fo	or the fi	ling fee	
	dditional fee(s) R 1.16 and 1.17		ents of fee	es(s) Credit any o	overpayment	s				
WARNING: Information on th information and authorization		come public. Cr	edit card ir	formation should not	be included o	n this for	m. Provid	de credit	t card	
FEE CALCULATION										
1. BASIC FILING, SEARCE				4 DOLL 5550	EV.444	NATION	5550			
Application Type	_	FEES mall Entity Fee(\$)	SE <u>Fee(\$)</u>	ARCH FEES  Small Entity  Fee(\$)	Fee(\$)		I Entity		Fees Paid(\$)	
Utility	300	150	500	250	200	_	100			
Design	200	100	100	50	130		65			
Plant	200	100	300	150	160		80			
Reissue	300	150	500	250	600	3	300			
Provisional	200	100	. 0	0	0		0			
2. EXCESS CLAIM FEES									Small Entity	
Fee Description  Each claim over 20, or for f	Reissues each	claim over 20	and more	than in the original or	atent			Fee(\$) 50	Fee(\$) 25	
Each independent claim ov	•			• .		atent		200	100	
Multiple dependent claims								360	180	
Total Claims -20 o			Fee(\$)	Fee Paid (\$)			lultiple Depende ee		ent Claims Fee Paid (\$)	
HP = highest number of			er than 20		-		¥		100 Tulu (4)	
Indep. Claims			Fee(\$)	Fee Paid (\$)	•					
-3 or			<del></del>	=	_					
HP = highest number of  3. APPLICATION SIZE FE If the specification and dr.	E	·	-		due is \$250 (	(\$125 for	small er	ntity)		
for each additional 50	sheets or fract	ion thereof. Se	ee 35 U.S.	C. 41(a)(1)(G) and 3	7 CFR 1.16(s	s).		•		
Total Sheets -100	Extra Shee	<u>its</u> <u>!</u> /50 _		f each additional 50 nd up to a whole nun		thereof x	Fee(\$	<u>5)</u> =	Fee Paid(\$)	
4. OTHER FEE(S)						-			Fee Paid(\$)	
Non-English Specification	on, \$130 fee (n	o small entity of	discount)							
Other: REQUEST FO	OR CONTINUE	D EXAMINAT	ION				<u> </u>	_	395.00	
SUBMITTED BY	4	<u></u>	1		····					
Signature	//	R.H.	20/-	Registration No.	43,6	58	Telephoi	ne	(312)775-8000	
	el B. Harlin	ار ب		(Attorney/Agent)			Date	-	August 8, 2005	